Effective October 1, 2003													
			SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY										
TOTAL CLAIMS			21					RATE	FEE	1	RATE	FEE	Í
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			26 minus 20=		. 6			X\$ 9=		OR	X318=	108	
INDEPENDENT CLAIMS .			= C eunim \ .		ø			X43=	•		XB8=	100	
M	ALTIPLE DEPEN	IDENT CLAIM P	RESENT	ليسد				440	\vdash	OR			ĺ
• If the difference in column 1 is less than zero, enter "O" in column 2						olumn 2		+145=		OR	+290=	~ .	l
			TOTAL	<u> </u>	OR	OTHER	XJ &						
CLAIMS AS AMENDED - PART II 12/2/05 (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL		
ENTA	,	CLABAS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RĂTE	ADDI- TIONAL FEE	•
AMENOMENT	Total	.35	Minus .	-2	0	-7]]	XS 9=		OR	35	3300	þ
	Independent	. 2	Minus	4	<u></u>			X43=		OR	X86=	•	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1	'+145=		OR	+290=		
1/10/								TOTAL		OR	TOTAL ADDIT, FEE	350-4	2
6-30-06 (Column 1) (Column 2) (Column 3)								AUGII, FEE		-	• •		[.
AMENDMENT B		CLAIMS REMADIING AFTER AMENDMENT		HIGH NUM PREVIO PAID I	BER	PRESENT : EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 33	Minus	~ 3	3	- 0		X\$ 9=		OR	XSTED		
	Independent	· 2	Minus	3	<u> </u>	-()		X43=		OR	X	Y	ŀ ·
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=		1
2/ 1/5/10							ł	TOTAL		OR	TOTAL	/ \	
(Column 1) (Column 2) (Column 3								ADDIT FEE			ADDIT, FEE		1
O	•	CLAIMS REMAINING		HIGH	ESY	PRESENT	1		ADDI-			ADD1-	1
DMENT C		AFTER AMENOMENT		PREVIO		EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
XQY	Total	· 33	Minus	- 3	3	. —		X\$ 9=		OR	x5y6-)		1
AMENE	Independent	• 7	Minus	••• (1	-4_		X43≃		ОЯ	Das)	800	1
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	ENDENT	CLAIM]		 				1
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												VAX	4
•	the Highest Mur the Highest Mur	mber Previously Pa mber Previously Pa ber Previously Paid	id For IN THE id For IN THE	S SPACE IS S SPACE IS	less that less that	n 20, enter "20. n 3, enter "3."	•	OOIT. FEE	propriate be		ADDIT. FEE	800	

FORM PTO-873 (Rey 1003)

PURM AND TRANSPORTS DIRECT US DEPARTMENT OF COMPLETE

Application or Docket Number